



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: HATANO et al.

Attorney Docket No.: KASAP037

Application No.: 10/613,651

Examiner: SCHWARTZ, Christopher P.

Filed: July 2, 2003

Group: 3683

Title: FLUID-FILLED CYLINDRICAL
VIBRATION DAMPING BUSHING

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on November 5, 2004 in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signed: _____

Sue Funchess

Sue Funchess

AMENDMENT B

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated September 8, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



ITW AF

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Sue Funchess
Sue Funchess

AMENDMENT B TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	10	MINUS	20	0	x 9 =	x 18 = \$-0-
Independent Claims	1	MINUS	3	0	x 43 =	x 86 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. KASAP037).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. KASAP037).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

Michael Lee

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